

**TEAMMATE NOTIFICATION TO RETURN FROM MILITARY FAMILY CARE LEAVE**

Teammate Name: \_\_\_\_\_ Teammate ID: \_\_\_\_\_  
Last, First, Middle Initial (Please Print)

Teammate Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

A teammate on a Military Family Care Leave must present this release to HR Leave Administration **before** he/she returns to work. A teammate may not work without this release.

Date Teammate Will Return from Leave: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Upload completed form in LeavePro or call (704) 631-1500 with questions.**